## 1403 - 176 - 1064

## STATEMENT OF

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PAGE 1/4 =

FORM 1	ORGANIZATION	2014 DEC 22 PM 3: 33 Office Use Only		
NAME OF     COMMITTEE (in full)	(Check if name Example: If typing, type is changed) ever the lines.	12FE4M5 EGMAN CENTER		
DEFENDING A	AMERICAN VALUES EVERYWHE	RE PAC (DAVE PAC)		
ADDRESS (number and street	1390 CHAIN BRIDGE ROAD et)			
(Check if addres is changed)	s #515			
	MCLEAN  CITY	VA 22101 - I STATE ▲ ZIP CODE ▲		
COMMITTEE'S E-MAIL AD	DRESS			
(Check if addres is changed)	compliance@complianceconsultingva.com			
•	Optional Second E-Mail Address			
·				
COMMITTEE'S WEB PAGE  (Check if address is changed)				
2. DATE 12 12 2014				
3. FEC IDENTIFICATIO	N NUMBER ▶ C	•		
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)			
I certify that I have examin	ned this Statement and to the best of my knowledge and belief	it is true, correct and complete.		
Type or Print Name of Trea	CABELL HOBBS	Date 12 / 12 / 12014		
Signature of Treasurer	- Carried Mark	Date [12] [10 [40] [4		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Usë Only	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	CCI. CLISIU I		

F	EC Fo	m 1 (Revised 02/2009)	Page 2		
		OMMITTEE • Committee:			
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)		
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	me of ndidate				
Cand Party	idate Affiliatio	on Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand	idate				
Part		mittee:			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Poli	tical A	ction Committee (PAC):	·		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:		
		Corporation Corporation w/o Capital Stock	Labor Organization		
		Membership Organization Trade Association	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	$\boxtimes$	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	t Fund	raising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.			
(h) ·		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political		
	Com	mittees Participating in Joint Fundraiser	·		
	1.	FEC ID number			
	2.	FEC ID number			
	3.	FEC ID number C			
	4.	FEC ID number			

...

١	Vrite or Type Committee Name	3			
	DEFENDING AN	MERICAN VALUES EVERYWHER	E PAC (DAVE PAC)		
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor		
L	DAVID P JOYCE	9652 MUSIC STREET			
		NOVELTY	44072		
		CITY STA	TE ZIP CODE		
	<u> </u>	d Organization Affiliated Committee Joint Fundraising Repre			
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of	the person in possession of committee		
	CABELL F	HOBBS			
	Full Name	1390 CHAIN BRIDGE ROAD			
	Mailing Address				
		MCLEAN . VA	22101		
	Title or Position	CITY STATE	E ZIP CODE		
	TREASURER	Telephone number			
8.	. <b>Treasurer</b> : List the name and address (phone number optional) of the treasurer of the committee; and the name and adamy designated agent (e.g., assistant treasurer).				
	Full Name CABELL H	HOBBS			
	Mailing Address	1390 CHAIN BRIDGE ROAD			
		#515	11111111111		
		CITY STATE			
1	Title or Position TREASURER	Telephone number	<u>                                     </u>		

1	FEC Form	n 1 (Revised 02/2009)	Page 4
	Full Name of Designated Agent		
	Mailing Address		
		CITY STATE	ZIP CODE
	Title or Position	Telephone number	لـــا-لــــا
).	Banks or Other safety deposit bo Name of Bank, I	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.  Depository, etc.	olds accounts, rents
		BB&T	
	Mailing Address	1717 KING STREET	
		ALEXANDRIA VA 2231	4
		. CITY STATE	ZIP CODE
	Name of Bank,	Depository, etc.	<del></del>
	Mailing Address		
		CITY STATE	ZIP CODE
_			

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(8/2013)

**PREPARER**